

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	Sexual Therapy Device																						
Application Number : Date : First Named Applicant: Irina A. Smith Attorney Docket Number: 001-400																							
<b>TOTAL FEE AUTHORIZED \$ 385</b>																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Fee Description</th><th style="width: 25%;">Fee Code</th><th style="width: 25%;">Amount \$</th><th style="width: 25%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385											
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	385	385																				
Subtotal For Basic Filing Fees: \$ 385																							
EXTRA CLAIM FEES																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 25%;">Fee Description</th><th style="width: 25%;">Extra Claim</th><th style="width: 25%;">Fee Code</th><th style="width: 25%;">Amount \$</th><th style="width: 25%;">Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 2</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 2	0	2201	43	0	Subtotal For Extra Claims Fees: \$ 0				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 20	0	2202	9	0																			
Independent Claims : 2	0	2201	43	0																			
Subtotal For Extra Claims Fees: \$ 0																							
<b>AUTHORIZED BILLING INFORMATION</b>																							
<b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b>																							

Credit account number: 4005

Expiration Date (YYYYMMDD): 2004-09-30

Authorized name: Jerry Sellman

Billing address: 43209